MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	l						51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
9							59							
10	l						60							
11							61							
12							62							
13							63							
14							64							
15							65							
16							66							
17	l						67							
18		l					68							
19	l						69							
20	l						70							
21	l						71							
22							72							
23							73							
24							74							
25							75							
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39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	6						TOTAL IND.							
TOTAL DEP.	23						TOTAL DEP.							
TOTAL CLAIMS	29						TOTAL CLAIMS							

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS